

IN ORDER TO RECEIVE AN ABSENTEE BALLOT, YOU MUST BE REGISTERED TO VOTE.

STEP 1: Complete the Application for Absentee Voter Ballot. Mark appropriate box(es) in Section I. Complete Sections II, III, and IV.

1. Print your **Social Security Number**.
2. Print your **Date of Birth**.
3. Check the appropriate "**Female@**" or "**Male@**" box.
4. Print your "**Home**" and "**Business**" telephone numbers.
5. Print your **Name - Last, First, and Middle Initial(s)**.
6. Print your **Residence Address** in Hawaii (house number and street name). You must be registered to vote in the county and precinct where you live.
Note: A Post Office Box, Star Route, Rural Route, General Delivery, Business Address, or Mailing Service Address is not an acceptable residence address.
7. Print your **Mailing Address** in Hawaii.
8. **If your residence does not have a street address**, describe the location of your residence. Include details such as subdivision, village, tax map key no., and zip code.
- 9-12. **Indicate where you wish to have your ballots mailed to**. If your ballots may reach your forwarding address before your arrival, check the "Hold for Arrival@box."
13. **If your signature is a mark**, a witness signature is required.

STEP 2: Mail the Application for Absentee Voter Ballot no earlier than 60 days and no later than 7 days prior to the election to the appropriate City/County Clerk:

County of Hawaii

25 Aupuni St., Rm. 105
Hilo, HI 96720-4245
Ph. (808) 961-8277

City and County of Honolulu

530 S. King St., Rm. 100
Honolulu, HI 96813-3077
Ph. (808) 523-4293

County of Maui

200 S. High St., 7th Flr.
Wailuku, HI 96793-2155
Ph. (808) 270-7749

County of Kauai

4396 Rice St., Suite 106
Lihue, HI 96766-1399
Ph. (808) 241-6350

APPLICATION FOR ABSENTEE VOTER BALLOT *(State of Hawaii Registered Voter Only)*

Office Use Only

Type Code

MM - Military Member
MD - Military Dependent
OC - Overseas Civilian

Mail Code

F - Foreign
C - Con US
S - State
L - Local

DOCUMENT NO.

HRS§11-20 ☐

(For Office Use Only)

Section I. I hereby request Absentee Ballots for the following Election(s):☐

Primary Only

☐

General Only

☐

Primary & General

I hereby request ballot instructions in:

☐

Japanese (Oahu)

☐

Ilocano (Oahu, Maui, and Kauai)

Section II. Print clearly in black ink. Failure to complete all items will prevent acceptance of this application.

1. SOCIAL SECURITY NUMBER*	2. DATE OF BIRTH	3. GENDER	
____ - ____ - ____	____ / ____ / ____ Month Day Year	<input type="checkbox"/> Male	<input type="checkbox"/> Female
4. TELEPHONE			
Home:		Business:	
5. LAST NAME	FIRST NAME	Middle Initial(s)	
6. RESIDENCE ADDRESS IN HAWAII (Must be completed. P.O. Box, R.R., S.R. are not acceptable)		Apt. No.	City/Town Zip Code
7. MAILING ADDRESS IN HAWAII (Street address or P.O. Box)		City/Town	Zip Code
8. If no street/residence address, describe location of residence (Leave blank if #6 is completed)		City/Town	Zip Code


Section III. Please mail my ballots to:

PRIMARY

GENERAL (if mailing address is different from PRIMARY)

9. Name	11. Name
10. Forwarding Address (Include Zip Code)	12. Forwarding Address (Include Zip Code)
<input type="checkbox"/> HOLD for Arrival	<input type="checkbox"/> HOLD for Arrival

Section IV. I hereby affirm that: 1) I am the person named above; 2) I am requesting an absentee ballot for myself and no other; and 3) all information furnished on this application is true and correct.

13. Signature or Mark of Applicant (Only signature or mark of applicant is acceptable)	Date
	
Witness Signature (Required only if applicant makes a mark)	Date
Address of Witness	Phone No. of Witness

***Notice:** A Social Security Number is required by HRS §11-15 and HRS §15-4. It is used to prevent fraudulent registration and voting. Failure to furnish this information will prevent acceptance of this application. Pursuant to HRS §11-20, the City/County Clerks may use this application to transfer a voter to the proper precinct to correspond with the address given above, under item 6.

Office Use Only

District/Precinct	Ballot Type	Ballot Stub No.	Ballot Mailed	By	Ballot Received	By
		Primary A:				
		General A:				
		B ballot:				
Clerk						
Remarks:						